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Occupational Tax Certificate Affidavits

Please note that in order to complete the Occupation Tax Certificate for a new business, the attached affidavit forms must be completed, signed and notarized. Copies of all required forms are included.

S.A.V.E AFFIDAVIT VERIFYING PUBLIC BENEFIT

As required by Office Code of Georgia § 50-36-1 (e), any applicant for the City of Union City Occupational Tax Certificate must execute an affidavit certifying legal presence in the United States. For United Citizens, a copy of your official government issued identification is required. For legal permanent residents, qualified aliens, and non-immigrants, verification of your affidavit will be made through the "Systematic Alien Verification for Entitlements" (S.A.V.E) program operated by the United States Homeland Security. Therefore, a **FRONT AND BACK** copy of one of the following documents must be attached to the affidavit.

1. Valid unexpired Foreign Passport with 1-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-6888)
5. Refugee Travel Document (I-571)

PRIVATE EMPLOYER AFFIDAVIT OR PRIVATE EMPLOYER EXEMPTION AFFIDAVIT

As required by Office Code of Georgia § 36-60-6, any applicant for the City of Union City Occupational Tax Certificate must execute an affidavit certifying compliance with the Federal E-Verify program. If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, you must complete the private employer affidavit. If you are an employer (including any individual, firm, or corporation) employing less than ten (10) employees, you must complete the private employer exemption affidavit.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from The City of Union City, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. §36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, __, 201_ in ___(city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201_.

NOTARY PUBLIC

My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in _____(city), _____(state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

